

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 / 532 168

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1	1				
3	1					
4						
5						
6	1					
7	1	1				
8	1					
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
18						
19						
20		1				
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37						
38						
39						
40						
41						
42						
43		1				
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52						
53						
54						
55						
56	1					
57						
58						
59						
60						
61						
62	1					
63						
64						
65						
66						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	7	↓		↓		↓
TOTAL DEP.	13	←		←		←
TOTAL CLAIMS	20					